FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	(See instru	_	Office use only
1. NAME OF COMMITTEE (in	(Check if name full) is changed)	Example: If typying, type over the lines	12FE4M5
Victory Now P	AC		
		<u> </u>	
ADDRESS (number and	street) 10605 Concord St	reet 	
(Check if addr is changed)	ess Kensington		MD 20895 _
COMMITTEE'S E MAI	II ADDDECC	CITY▲	STATE▲ ZIP CODE ▲
ienny.kensing	ton@verizon.net		1
1,			
COMMITTEE'S WEB	PAGE ADDRESS (URL)		
		<u> </u>	
COMMITTEE'S FAX N 3019623800			
2. DATE 0.7	1 / 05 / Y Y Y Y Y Y Y		
3. FEC IDENTIFICA	TION NUMBER	C C00416743	
4. IS THIS STATEM	MENT X NEW (N) OF	AMENDED (A)	
I certify that I have exami	ined this Statement and to the best of my	knowledge and belief it is true, correct	and complete
Type or Print Name of	Treasurer Jennifer Smit	h	
Signature of Treasurer	Electronically Filed by Jennife	er Smith	Date 07 / 05 / Y Y Y Y Y
NOTE: Submission of fa		may subject the person signing this St	atement to the penalties of 2 U.S.C. S437g.
Office Use Only		For further information Federal Election Comm Toll Free 800-424-9530	ission FEC FORM 1

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5.	TYPE OF COMMITTEE (Check One)	
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the cainformation below.)	ndidate
	Name of Candidate	
	Candidate Office Sought: House Senate President	State District
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
		mocratic, ublican,etc.) Party.
	(e) This committee is a separate segregated fund	
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fun committee.	d or party
6. 	Name of Any Connected Organization or Affiliated Committee Reform Without delay	.
	Mailing Address 1831 Bay Street, SE	
		03
	Washington DC 200	<u> </u>
	CITY▲ STATE ▲ Z	IP CODE A
	Relationship Joint Fundraising Representative	
	Type of Connected Organization:	
	Corporation Corporation w/o Capital Stock Labor Organizatio	n
	Membership Organization Trade Association Cooperative	

				P	age 3
Write or Type Committee Name					
Victory Now PAC					
 Custodian of Records: Identify be possession of Committee books 		ber optional), and pos	ition of the	e person in	
Full Name Jennifer Sm	ith				1 1 1 1
Mailing Address	10605 Concord Stree	t			
	Suite 202				
	Kensington		<u> </u>	20895	
Title or Position ♥	CITY A	STA	ГЕ▲	ZIP CO	DE 🛦
Treasurer		Telephone number	301	946	3804
of Treasurer Jennifer Sm					
of Treasurer Mailing Address	10605 Concord Stree	t			
or rreasurer		t			
or rreasurer	10605 Concord Stree	t M	D	20895	
or rreasurer	10605 Concord Stree Suite 202			20895 ZIP CO	DE A
Mailing Address	10605 Concord Stree Suite 202 Kensington				DE ▲
Mailing Address Title or Position ♥	10605 Concord Stree Suite 202 Kensington	STAT	TE ≜	ZIP CO	
Mailing Address Title or Position ▼ Treasurer Full Name of Designated	10605 Concord Stree Suite 202 Kensington	STAT	TE ≜	ZIP CO	
Mailing Address Title or Position ▼ Treasurer Full Name of Designated Agent	10605 Concord Stree Suite 202 Kensington	STAT	301 	ZIP CO	3804

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 Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds. 								3										
	Name of Bank, De	epository, etc.																
		M & T			1 1												L	
	Mailing Address		10420	Montgo	omery	Ave.										Ш		
																ш		
			Kensir	ngton				ш			MD	L	Ш	208	395] -	Ш	

STATE ∠

ZIP CODE △

CITY 🗷

Membership Organization

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Banks or Other Deposito safety deposit boxes or mai Name of Bank, Depository,	intains funds.	tee deposits funds, holds accounts, rents	
Mailing Address	201 Pennsylvania Ave. SE Washington CITY △	DC 20003 - STATE △ ZIP CODE △	
Name of Any Connected	Organization or Affiliated Committee	[ADDITIONAL]	
Mailing Address			
	CITY	STATE ▲ ZIP CODE ▲	
Relationship			
Type of Connected Organi	ization:		
Corporation	Corporation w/o Capital Stock	Labor Organization	

Trade Association

Cooperative

Designated Agent			[ADDITIONAL]
Full Name			
Mailing Address			
Title or Position ♥	CITY A	STATE A	ZIP CODE A
		elephone number	